

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753267

FILED
Mar 15, 2009
Secretary of State

Entity Name: GREATER FELLOWSHIP MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

2601 NW 65TH ST.
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

2601 NW 65TH ST.
MIAMI, FL 33147 US

New Mailing Address:

FEI Number: 59-7532674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REESE, BOBBY L
900 ORIENTAL BLVD.
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: REESE, BOBBY L
Address: 900 ORIENTAL BLVD.
City-St-Zip: OPA LOCKA, FL 33054

Title: VD () Delete
Name: SMITH, JAMES I
Address: 3350 NW 183 RD STREET
City-St-Zip: MIAMI GARDENS, FL 33056

Title: CHRT () Delete
Name: BROWN, CHARLIE
Address: 12530 NW 11TH AVE
City-St-Zip: MIAMI, FL 33168

Title: T () Delete
Name: CHAMBERS, WANDA
Address: 3024 NW 57TH STREET
City-St-Zip: MIAMI, FL 33142

Title: S () Delete
Name: PERKINS, SYLVIA
Address: 5311 N.W. 27TH PLACE
City-St-Zip: MIAMI, FL 33142

Title: RS () Delete
Name: CYNTHIA, REESE
Address: 20515 NW 24TH AVE
City-St-Zip: MIAMI GARDENS, FL 32056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLIE BROWN

CHRT

03/15/2009

Electronic Signature of Signing Officer or Director

Date